

**PARENT/GUARDIAN NOTIFICATION LETTER  
FOR FREE MILK  
PRICING PROGRAM**

**[Date]**

Dear Parent/Guardian:

Your application for free milk for your child(ren) has been:

- ☐ Approved
- ☐ Temporarily approved for free milk until \_\_\_\_\_
- ☐ Denied for the following reason(s):
  - ☐ Income is over the allowable amount
  - ☐ Incomplete application. The following information is missing \_\_\_\_\_
  - ☐ Other \_\_\_\_\_

If you do not agree with the decision, you may discuss it with the school official. If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing to the following hearing official:

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**[Hearing Official]**

**[Address]**

**[Telephone]**

If approved for free milk, your household application is good for one school year. If you did not qualify, you may reapply for free milk benefits at any time during the school year. If you are not eligible now, but have a decrease in household income, become unemployed, have an increase in household size, or qualify for food stamps, FDPIR, and/or TANF benefits, you may fill out an application at that time.

Sincerely,

**[Signature]**

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